

**Family to Family In Washington State:  
An Evidence Based Model for the Child Welfare**  
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Family To Family is an evidence-based model for “reforming” the foster care system developed by the [Annie E. Casey Foundation](#) in the mid-1990’s. The Family to Family model is based on more than a decade of rigorous research and evaluation showing that involving families and the community in the child welfare system results in better decisions and better outcomes. Children are more likely to be placed with family members and siblings, to have fewer placements, and to be reunified sooner.

In addition to better outcomes for children in the welfare system, placing children in “kinship care” makes budget sense. Stable placements are less costly to administer and kinship placements are less costly on a per capita basis than non-kin foster home placements.

The [Family To Family](#) model involves family and community in three ways:

1. Family Team Decision Meetings (FTDM) bring family members, relatives and foster parents together with Children’s Administration Caseworkers, other case workers (for example mental health and substance abuse staff), school and community members at critical decision points (prior to removal, placement changes, and exit from care) to identify the most appropriate course of action and ensure a network of support for the child and the adults who care for them.
2. Finding and maintaining local resources who can support children and families in their own neighborhoods and schools to reduce the number of kids who have to change schools when placed in foster care by locally based recruiting and using technology to match children with foster parents in the same area
3. Engaging non-traditional partners – beyond public and private agencies in neighborhoods with high referral rates to identify and coordinate complimentary community resources and strengthen community support.

A fourth part of the model is rigorous and regular self-evaluation and sharing of best practices.

**Family To Family in Washington State**

The Children’s Administration has pilot tested Family to Family in the Kent, Tacoma, Office of African American Children’s Services (Seattle), Spokane, Vancouver, Yakima, and Tri-Cities offices since 2005. These offices account for about 60% of the Child Welfare caseload in Washington. The Annie E. Casey Foundation supports the Family to Family pilot with an annual \$150,000 grant and technical assistance. The grant, which covers some training costs and pays for a state-wide coordinator, expires in 2007.

## Initial Washington State Evaluation Findings are Promising

An evaluation of the first 12 months of the Family To Family pilot (through June 2006) compared outcomes for children with FDTMs at critical decision points compared to children with similar placement and referral characteristics. Children were reunified more often and sooner and their placements were more stable after FDTMs. These initial positive results are encouraging given the difficulty of isolating child welfare outcomes in complex cases subject to many external forces.

| <b>Key Outcomes After Family Team Decision Meetings July 2005 – June 2006</b>     |                            |                |                            |                |
|---|----------------------------|----------------|----------------------------|----------------|
| <b>Statistically significant/reliable</b><br><i>Significant/not yet reliable</i>  | <b>Percent at 6 Months</b> |                | <b>Days to Event (avg)</b> |                |
|   | <b>FTDM</b>                | <b>No FTDM</b> | <b>FTDM</b>                | <b>No FTDM</b> |
| <b>Reunification rates for children (higher rates and fewer days are desired)</b> |                            |                |                            |                |
| At imminent risk of placement   | <b>19.1%</b>               | <b>4.2%</b>    | <b>123</b>                 | <b>210</b>     |
| In emergency “Short-term” placements  | <b>27.0%</b>               | <b>13.0%</b>   | 129                        | 145            |
| Already in long-term foster care  | <b>6.7%</b>                | <b>1.0%</b>    | <b>488</b>                 | <b>507</b>     |
| <b>Placement stability and safety (lower rates and more days are desired)</b>     |                            |                |                            |                |
| Placement change for children already in foster care                              | <b>29.0%</b>               | <b>48.9%</b>   | <b>154</b>                 | <b>100</b>     |
| Children with more than one placement change July 2005 – June 2006                | <b>38.2%</b>               | <b>59.2%</b>   | NA                         | NA             |
| Reentry to care after placement in family or relative care                        | <b>10.4%</b>               | <b>24.0%</b>   | 90                         | 150            |
| Subsequent referral to CPS after placement in family or relative care             | 21.5%                      | 29.2%          | 180                        | 137            |
| Founded abuse after placement in family or relative care                          | 5.6%                       | 9.4%           | 198                        | 157            |

Source: Family to Family Outcomes Report #3, Children’s Administration

There is very strong evidence that in cases where FDTMs are used, children are much more likely to be placed with family and kin. These results are especially striking given that caseworkers often use FDTMs for their most challenging cases.

| <b>Family and Relative Placement By Participation in FTDM</b> |                  |                     |
|---|------------------|---------------------|
| <b>All Children in Family to Family Pilot Sites</b>           |                  |                     |
| <b>(July 2005 – June 2006)</b>                                |                  |                     |
| <b>Placement Setting</b>                                      | <b>With FTDM</b> | <b>Without FTDM</b> |
| <b>Family Settings</b>  | <b>54.3%</b>     | <b>44.2%</b>        |
| <b>Relative Care</b>  | <b>34.9%</b>     | <b>18.2%</b>        |
| <b>Group Care</b>   | <b>9.9%</b>      | <b>36.2%</b>        |

Source: Family to Family Outcomes Report #2, Children’s Administration, August 2006

Although initial assessments are trending in the right direction there won’t be enough history and data to definitively isolate the long-term effects of the entire model on placement stability, out of home care and institutional placements, length of stay, how

often siblings and placed together, and disparities associated with race and ethnicity until summer 2007.

Children's Administration regional staff strongly supports the model. Four unofficial demonstration sites outside the Puget Sound were added to the three official sites in Puget Sound at the region's request. In addition to generating excitement about the practice model, the Family to Family is providing a framework and practical tools for analyzing and improving results that field staff are applying to their practice. The excitement about the model has resulted in other offices requesting to implement the model.

### **Barriers and Limits to Implementation**

A key concept of Family to Family is that additional investment in wider involvement of family and community in decision making and building a support network and regular review of outcomes data yields better results in the long-term. This approach is more staff intensive at the outset and may be difficult to sustain at current caseloads and mandates. The time requirements for supervisory participation in FDTMs have been particularly acute. As the number of FTDM's increase additional trained Facilitators will be required. Currently approximately 50% of children in the offices implementing Family to Family who are eligible for an FTDM receive one. Family to Family is data driven. The resources to collect, generate, analyze and understand the data that drives Family to Family are stretched very thin at both headquarters and regions. Technical assistance to support additional offices to implement the model will also be a resource issue. The Annie B. Casey grant which pays for state-wide coordinator and some training and technical assistance costs is slated to expire next year.

Although the Family to Family program is expected to have positive impact on the level of kinship care, the quality of out-of-home care, and the number and rate of children requiring out-of-home care, there is a ceiling on what can be achieved. For example, family and kinship care may not be appropriate in as many as half of all cases because of behavior-related health and safety issues, the absence of family or kin, or other barriers. As the ceiling is approached the investment needed to yield outcomes may go up dramatically. In the last decade the overall percentage of children in Washington's foster care system in kinship care increased from 26.4% to about 38.6% today<sup>1</sup>. Family to Family can and is moving this percentage higher. Results of the Family to Family pilot will shed light on what level of kinship care appropriate, achievable, and not cost prohibitive.

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<sup>1</sup> The overall percentage of children in kinship care across the foster care caseload is a conservative rate that includes all children in care. It includes those in temporary care or for whom family and kinship care is not appropriate. Rates of family and kinship care reported in the Family to Family evaluation (page 2) represent the results of specific interventions to a subset of children in Foster Care who are eligible for a FTDM.